

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04373

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE VILLAGE AT LAKE PINE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

THE VILLAGE AT LAKE PINE II
1325 S.W. 120TH WAY
DAVIE, FL 333253844 US

New Principal Place of Business:

Current Mailing Address:

THE VILLAGE AT LAKE PINE II
P.O. BOX 802
POMPANO BEACH, FL 33061 US

New Mailing Address:

FEI Number: 59-2451936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLODAK, EDWARD F P.A.
2500 HOLLYWOOD BLVD
STE 212
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GOLDSTEIN, SHARON
Address: 1303 SW 118TH TERRACE
City-St-Zip: DAVIE, FL 33325 US

Title: PD () Delete
Name: BEALE, CHERYL
Address: 11903 SW 13 COURT
City-St-Zip: DAVIE, FL 33325 US

Title: TD () Delete
Name: ARCHIPRETE, WINNIE
Address: 1175 SW 120 WAY
City-St-Zip: DAVIE, FL 33325 US

Title: D () Delete
Name: POLAN, MICHELE
Address: 1201 SW 118 TERRACE
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: FULWEBER, BOBBY
Address: 11877 SW 11 COURT
City-St-Zip: DAVIE, FL 33325 US

Title: D () Delete
Name: LEYLAND, ED
Address: 1300 SW 120 WAY
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CONNEL, JUDITH
Address: 11907 SW 13TH COURT, #209
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR

03/30/2009

Electronic Signature of Signing Officer or Director

Date